

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6008205	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  12/04/2015
NAME OF PROVIDER OR SUPPLIER  ASPEN REHAB & HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1403 9TH AVENUE SILVIS, IL 61282		
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S9999	<p>Final Observations</p> <p>Annual Licensure Survey</p> <p>Statement of Licensure Violations</p> <p>300.230 b) 1) 6) 300.670 a) c) f) 300.686 a) 1) 300.1035 a) d) 300.1060 a) b) c) d) 300.1620 a) 300.2100</p> <p>Section 300.230 Information to Be Made Available to the Public By the Licensee b) A facility shall retain the following for public inspection: 1) A complete copy of every inspection report of the facility received from the Department during the past five years; 6) A complete copy of the most recent inspection report of the facility received from the Department. (Section 3-210 of the Act)</p> <p>These REQUIREMENTS were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to have the book containing the survey results available to residents and the public. This failure has the potential to affect all 45 residents of the facility.</p> <p>Findings Include:</p> <p>On 12/03/15 at 6:30 A.M. E3 (Licensed Practical Nurse/Careplan Coordinator) confirmed that no book containing survey result was available to residents. At that time E3 also confirmed that there was no posting and/or signage to indicate</p>	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>where to find a book with survey results.</p> <p>On 12/03/15 at 8:15 A.M. E1 (Administrator) located the survey book in the front lobby in a desk drawer. E1 confirmed that there was no posting and/or signage to indicate where to find the book with survey results.</p> <p>On 12/03/15 at 8:15 A.M. E1 (Administrator) confirmed that the last printed survey in the survey book was dated 02/11/15. E1 stated "our annual survey was on 06/22/15-06/25/15." E1 confirmed that the results of the June survey were not in the book.</p> <p>The Facility Data sheet provided by E1 (Administrator) dated 12/01/15 lists 45 residents currently reside in the facility.</p> <p>(AW)</p> <p>Section 300.670 Disaster Preparedness</p> <p>a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility.</p> <p>c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to:</p> <p>f) If the welfare of the residents precludes an actual evacuation of an entire building, the facility shall conduct drills involving the evacuation of successive portions of the building under conditions that assure the capability of evacuating the entire building with the personnel usually</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>available, should the need arise. These REQUIREMENTS were not met as evidenced by: Based on interview and record review the facility failed to conduct any disaster drills for the past year. This failure has the potential to affect all 45 residents in the facility. Findings Include: On 12/01/15 the review of the "Fire Drill/Disaster Drill" book provided by E1 (Administrator) showed no evidence of any disaster drills ever done. On 12/03/15 at 8:15 A.M. E1 (Administrator) confirmed that no disaster drills had been performed "for at least the past year." The Facility Data Sheet dated 12/01/15 that was provided by E1 (Administrator) lists 45 residents that currently reside in the facility.</p> <p>(AW)</p> <p>Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Drugs a) A resident shall not be given unnecessary drugs in accordance with Section 300.Appendix F. In addition, an unnecessary drug is any drug used: 1) in an excessive dose, including in duplicative therapy; e) For the purposes of this Section: 1) "Duplicative drug therapy" means any drug therapy that duplicates a particular drug effect on the resident without any demonstrative therapeutic benefit. For example, any two or more drugs, whether from the same drug category or not, that have a sedative effect. These REQUIREMENTS were not met as evidenced by: Based on interview and record review the facility failed to provide rationale for the use of three</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>antidepressants for one of two residents (R4) reviewed for psychoactive medications in a sample of five. Findings include: The Physician's Order Sheet for R4 dated December 2015 documented the following orders: Bupropion SR 150 mg (milligrams) one tablet daily, Escitalopram 10 mg once daily and Trazodone 150 mg one tablet by mouth at bedtime. On 12/2/14 at 11:00 AM, E2/DON (Director of Nursing) verified that upon examination of the Physician's Notes there was no documentation explaining why R4 required three antidepressants for medication stabilization.</p> <p style="text-align: center;">(B)</p> <p>Section 300.1035 Life-Sustaining Treatments a) Every facility shall respect the residents' right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit life sustaining treatment. Every facility shall establish a policy concerning the implementation of such rights. d) Any decision made by a resident, an agent, or a surrogate pursuant to subsection (c) of this Section must be recorded in the resident's medical record. Any subsequent changes or modifications must also be recorded in the medical record. These REQUIREMENTS were not met as evidenced by the following: Based on interview and record review the facility failed to accurately record one resident's (R6) decision to be a DNR (Do not resuscitate) of a total of five resident's records reviewed for advanced directives in a sample of five. Findings Include: R6's Care Conference Sheet dated 10/20/15 is</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>marked "Resuscitate." R6's Current Careplan dated 10/19/15 states R6 has chosen Hospice Services and wishes to be "Comfort Care/DNR (Do not resuscitate.)" On 12/01/15 at 1:00 P.M. E3 (Licensed Practical Nurse/Careplan Coordinator) stated "I don't know how that even got on there, 'R6' is a DNR." There is no evidence of an Physician's order regarding code status in R6's clinical record. R6's Advance Directive form dated 10/05/15 signed by R6's Healthcare Power of Attorney indicate that R6 wishes for no resuscitation.</p> <p>(AW)</p> <p>Section 300.1060 Vaccinations a) A facility shall annually administer or arrange for a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213 of the Act) b) A facility shall document in the resident's medical record that an annual vaccination against</p>	S9999			

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S9999	Continued From page 5  influenza was administered, refused or medically contraindicated. (Section 2-213 of the Act) c) A facility shall provide or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213 of the Act) d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213 of the Act)  These REQUIREMENTS were not met as evidenced by: Based on record review and interview the facility failed to offer and document resident influenza and/or pneumococcal vaccinations for five of five residents (R2-R6) reviewed for immunizations in a sample of five. Findings include: The facility's Immunization Policy, (dated 10/5/06), documents: "verify the date of last vaccination; assess all newly admitted residents' pneumococcal and influenza vaccination status and record last known immunization on the resident's Immunization Record; offer the pneumonia vaccine as a one time dose unless a second dose is recommended by the physician; and offer the influenza immunization annually." R2-R6's current Immunization Record (undated) had no documentation for pneumococcal vaccination administration . R4's current Immunization Record (undated) had	S9999			

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S9999	Continued From page 6  no documentation for vaccination administration. On 12/1/15, E1 (Administrator) verified that pneumococcal and/or influenza records for R2-R6 could not be provided.  (AW)  Section 300.1620 Compliance with Licensed Prescriber's Orders a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. These REQUIREMENTS were not met as evidenced by: Based on interview and record review the facility failed to give medications as prescribed for one of five residents (R4) reviewed for medications in a sample of five. Findings include: The Nurse's Notes for R4 dated 10/9/15 at 10:00 AM document, "(R4) received none of her psych medications with cycle refill." The Nurse's Notes for R4 dated 11/9/15 at 9:40 AM document, "Medication cycle refill noted Lexapro 10 mg, Wellbutrin SR 150, Namenda XR 28, Risperdal 0.25 not in exchange." On 12/2/15 at 9:55 AM, E5/LPN (Licensed Practical Nurse) verified that R4 did not receive Lexapro and Namenda on 10/9/15 and did not receive Risperdal, Wellbutrin, Lexapro and Namenda from 11/13 through 11/18/15.  (B)  Section 300.2100 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750).	S9999			

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S9999	<p>Continued From page 7</p> <p>These REQUIREMENTS were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to date and label opened containers of food in the freezer and refrigerator and failed to ensure the use of sanitizer in the dishwasher. These failures have the potential to affect all 46 residents in the facility.</p> <p>1. The facility's Refrigerator and Freezer Storage Policy (revised 10/9/14) documents: that any item placed in the refrigerator or freezer must be labeled and dated with a date-marking system that tracks when to discard perishable foods; mark the container with the name of item and date that the original container is opened; and when using only part of a product, the remaining product should be in the original package or air tight container and label and dated.</p> <p>On 12/1/15, at 10:05 am, the freezer contained hot dog buns, waffles, bread sticks and a bag of eggs that did not have a date or label.</p> <p>On 12/1/15, at 10:05 am, open containers of barbeque sauce, syrup and ranch dressing, were in the refrigerator, that did not have a date or label.</p> <p>On 12/2/15, at 11:45 am, the same bag of eggs identified on 12/1/15 in the freezer, did not have a date or label.</p> <p>On 12/2/15, the refrigerator contained an open bag of shredded cheese that did not have a date or label.</p> <p>On 12/1/15, E4 (Dietary Manager) verified that</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>date should be on all opened containers and a labeling system be used.</p> <p>2. The facility's "Ware-washing-Dishmachine" Policy (revised 10/09) documents: that utensils and dishes washed by mechanical dishwasher will be clean and sanitized; low-temperature dishmachine sanitizer levels will be checked by using a test strip before washing; and chlorine sanitizer levels should read 50-100 parts per million (ppm).</p> <p>On 12/1/15, at 10:05 am, E4 (Dietary Manager) used a test strip for the dishwasher chlorine sanitizer level and the chlorine test strip level registered less than 50 ppm. The sanitizer solution container attached to the dishwasher was empty and had no solution.</p> <p>On 12/1/15, at 10:05 am, E4 verified that the sanitizer container was empty and the test strip could not register the required chlorine sanitizer concentration.</p> <p>On 12/1/15, at 11:55 am, a test strip to test the dishwasher for chlorine sanitizer registered less than 50 ppm. E4 stated that, "I have a sanitation man coming in two hours because there is no sanitation."</p> <p>On 12/2/15, at 2:00 pm, E4 verified that the dishwasher was not broke, but it was out of sanitizer.</p> <p>The facility Diet List (11/20/15) documents that there are no gastric feeding tubes and all residents receive a regular, mechanical soft or pureed diet that is provided through the facility kitchen.</p>	S9999			

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S9999	Continued From page 9  The Resident Roster (12/1/15) documents 46 residents as the current census.  (AW)	S9999			